Operative/Procedure Documentation

DOCUMENT NAME:

Operative Report

CAROLINAS MEDICAL CENTER - NORTHEAST
Concord, North Carolina 28025

OPERATIVE REPORT

NAME: WILKERSON, HANNA
ACCT. NO.: 1005301289
MRN: 0001209635
PATIENT DOB: REDACTED

ADMIT DATE: 03/09/2010 RM: EADM
DICTATING PHYSICIAN: Kelly A. Booth, MD
DATE OF OPERATION: 03/09/2010

PREOPERATIVE DIAGNOSIS:
Cystocele, stress urinary incontinence.

POSTOPERATIVE DIAGNOSIS:
Cystocele, stress urinary incontinence.

PROCEDURE:
1. Tension-free vaginal tape.
2. Cystoscopy.
3. Anterior colporrhaphy.

SURGEON:
Kelly A. Booth, MD

ANESTHESIA:
General.

ESTIMATED BLOOD LOSS:
Less than 50 mL.

COMPLICATIONS:
None.

FINDINGS:
Large cystocele was noted and cystoscopy findings reveal a normal-appearing bladder. The ureteral orifices were vigorously spilling indigo carmine-tinged urine. No evidence of dilation of the bladder with the TVT mesh device.

DESCRIPTION OF THE PROCEDURE:
Following detailed informed consent, the patient was taken to the operating room and placed in the dorsal lithotomy position. After successful general anesthesia was achieved, the patient was placed in the Allen stirrups and sterilely prepped vaginally and perineally, and draped in the usual fashion. In-and-out catheterization of the bladder was performed and a

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weighted speculum was inserted into the vagina. The vaginal apex was grasped with Allis clamps and the cystocele was isolated and evaluated. Approximately 20 mL of 1% lidocaine with 1:200 concentration of epinephrine was injected into the vaginal mucosa. The vaginal mucosa was then incised in the midline and the mucosa was dissected off the underlying perivesical fascia using sharp dissection with the Stroli scissors. The midline defect was identified and a series of interrupted imbricating sutures of 2-0 Vicryl were placed to plicate the perivesical fascia in the midline. The vaginal mucosa was then trimmed and reapproximated using 3-0 Vicryl in a running locking fashion. Through a separate incision in the mid urethral area, the TVT mesh was introduced. Once again, 1% lidocaine was injected into the vaginal mucosa and 0.5% Marcaine injected into the space of Retzius at the sites where the trocars were to be placed. These sites were marked 2 fingerbreadths lateral to the midline over the pubic symphysis. The vaginal mucosa was undermined to the urogenital diaphragm and using the Stroli scissors and the Boston Scientific Align-Fit was assembled and placed through the urogenital diaphragm. The patient's right fifth trocar was then directed to the ipsilateral shoulder on the right side and exited through the appropriate demarcation at the level of the pubic symphysis. In a similar fashion, the TVT trocar was introduced through the patient's left urogenital diaphragm and directing the trocar towards the demarcated site on the left pubic symphysis (directing towards the ipsilateral shoulder on the left) this trocar was introduced through the demarcated site. One amp of indigo carmine had been introduced by Anesthesia and cystoscopy was performed to evaluate for any evidence of bladder injury. Both ureteral orifices were spilling indigo carmine tinged urine vigorously. The Mayo scissors were placed beneath the urethra as the mesh was drawn through the space of Retzius and trimmed in order to allow no tension to be placed on the mesh. The vaginal mucosa was reapproximated over the mesh using a horizontal imbricating suture of 4-0 Vicryl. Vaginal packing with Premarin cream was placed and a Foley catheter was placed to a straight drain. Of note, while the trocars were being directed on both the right and the left side, the bladder was deviated to the opposite side using the catheter guide sheathed in a Foley. This maneuver was performed in order to protect the bladder from injury. At the completion of the case all sponge, needle and instrument counts were correct x2. The patient was awakened, extubated, and taken to the room alert and in stable condition.

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T: 03/14/2010 18:01:55
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Kelly A. Booth, MD

CC:

Electronically Signed By: BOOTH, KELLY ALEXANDER MD
03/17/10 08:30 PM

Admit Date: 3/9/2010 05:27 EST
Disch Date: 3/10/2010 10:40 EST
Admitting: BOOTH ,KELLY ALEXANDER MD
Attending: BOOTH ,KELLY ALEXANDER MD
Printed: 2/7/2014 13:28 EST

Pt Name: WILKERSON, HANNA ILONA
MRN: 0001209635 Acct#: 1005301289
DOB: REDACTED Age: 57 years Sex: Female
Location: EADM
Print ID: 60424954